

040204  
01919

DEWIPAT No. 30.024.42.US

UNITED STATES PATENT AND TRADEMARK OFFICE

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>	Attorney Docket No.	ARC 2258 C1
	First Named Inventor	Frank Jao
	Title	Antiepileptic Dosage Form and Process for Protecting Antiepileptic Drug
	Express Mail Label No.	EU428835916US

U.S.PTO  
10/817300  
22857040204  
01919**APPLICATION ELEMENTS (check all that apply)**

1.  Fee Transmittal Form  
(submit an original and a duplicate for fee processing)  
 Patent Application Fee Determination Record
2.  Applicant claims small entity status
3.  Specification [Total Pages 29]
  - Descriptive Title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Federally-sponsored R&D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4.  Drawing(s) (35 U.S.C. 113) [Total Sheets 5]
  - Formal
  - Informal
5.  Oath or Declaration
  - Newly executed (original or copy)
  - Unexecuted
  - Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional only)
  - With Power of Attorney
  - Deletion of Inventor(s)  
*Signed statement attached deleting inventor(s)  
name in the prior application (37 CFR 1.63(d)(2)  
and 1.33(b))*
6.  Application Data Sheet (37 CFR 1.76)

7.  Computer Program in Microfiche (Appendix)
8.  Nucleotide and/or Amino Sequence Submission (if applicable, all necessary)
  - Computer Readable Form (CRF)
  - Specification Sequence Listing on:
    - CD-ROM or CD-R (2 copies); or
    - Paper
  - Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9.  Assignment Papers (cover sheet & document(s))
10.  37 CFR 3.73(b) Statement  Power of Attorney (when there is an assignee)
11.  English Translation Document (if applicable)
12.  Information Disclosure Statement/PTO-1449
  - Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (specifically itemized)
15.  Certified Copy of Priority Documents (if foreign priority is claimed)
16.  Non-publication Request under 35 USC 1.22(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17.  Additional Enclosures (please identify below):

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76.

Continuation  Divisional  Continuation-in-part (CIP) of prior application No. **10/262,153**

**Prior application information:** Examiner **Piazza Corcoran, Gladys Josefina** Art Unit **1733**

FOR CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

**19. CORRESPONDENCE ADDRESS**

Customer Number: **27777** OR  Correspondence Address below

Name				
Address				
City		State		Zip Code
Country		Telephone		Fax
Name (Print/Type)		Registration No.		42,254
Signature		Date		4/2/2004

<b>FEE TRANSMITTAL for FY 2004</b>		Application Number					
		Filing Date					
		First Named Inventor		Frank Jao			
		Title		Antiepileptic Dosage Form and Process for Protecting ..			
		Art Unit					
<input type="checkbox"/> Applicant claims small entity status.		Examiner Name					
Total Amount of Payment <b>\$ 770</b>		Attorney Docket Number		ARC 2258 C1			
<b>METHOD OF PAYMENT</b> (check all that apply)				<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <b>10-0750</b> Deposit Account Name: <b>Johnson &amp; Johnson</b>				Extra Claims Total Claims - 20** = _____ x _____ = _____ Independent Claims - 3** = _____ x _____ = _____ Multiple Dependent _____ = _____			
The Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) authorized below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
<b>FEES CALCULATION</b>							
<b>1. BASIC FILING FEE</b>							
Large Entity		Small Entity		Fee Code (\$) 1001 1002 1003 1004 1005  Fee Code (\$) 2001 2002 2003 2004 2005  Fee Paid 770	Fee Code (\$) 18 86 290 86 18	Fee Code (\$) 9 45 145 43 9	Fee Description Claims in excess of 20 Independent claims in excess of 3 Multiple dependent claims, if not paid **Reissue independent claims over original patent **Reissue claims in excess of 20 and over original patent
Fee Code (\$)	Fee Code (\$)	Fee Description					
1001 770	2001 385	Utility filing fee					
1002 340	2002 170	Design filing fee					
1003 530	2003 265	Plant filing fee					
1004 770	2004 385	Reissue filing fee					
1005 160	2005 80	Provisional filing fee					
<b>SUBTOTAL (1) \$</b>		<b>770</b>	<b>SUBTOTAL (2) \$</b> _____				
** or number previously paid, if greater; For reissues, see above.							
<b>3. ADDITIONAL FEES</b>							
Large Entity		Small Entity		Fee Paid			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			
1051	130	2051	65	Surcharge – late filing fee or oath			
1052	50	2052	25	Surcharge – late provisional filing fee or coversheet			
1053	130	2053	130	Non-English specification			
1812	2520	1812	2520	For filing a request for ex parte reexamination			
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action			
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action			
1251	110	2251	55	Extension for reply within first month			
1252	420	2252	210	Extension for reply within second month			
1253	950	2253	475	Extension for reply within third month			
1254	1480	2254	740	Extension for reply within fourth month			
1255	2010	2255	1005	Extension for reply within fifth month			
1401	330	2401	165	Notice of Appeal			
1402	330	2402	165	Filing a brief in support of an appeal			
1403	290	2403	145	Request for oral hearing			
1451	1510	1451	1510	Petition to institute a public use proceeding			
1452	110	2452	55	Petition to revive – unavoidable			
1453	1330	2453	665	Petition to revive – unintentional			
1501	1330	2501	665	Utility issue fee (or reissue)			
1502	480	2502	240	Design issue fee			
1503	640	2503	320	Plant issue fee			
1460	130	1460	130	Petitions to the Commissioner			
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)			
1806	180	1806	180	Submission of Information Disclosure Stmt			
8021	40	8021	40	Recording each patent assignment per property (times number of prop.)			
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.29(a))			
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.29(b))			
1801	770	2801	385	Request for Continued Examination (RCE)			
1802	900	1802	900	Request for expedited examination of a design application			
Other fee (specify) _____					<b>SUBTOTAL (3) \$</b> _____		
*Reduced by Basic Filing Fee Paid							
Submitted By (Name)	Adenike A. Adewuya		PTO Registration No.	42,254	Telephone	281-477-3450	
Signature	<i>Adenike Adewuya</i>				Date	4/2/2004	